

LD8000097217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

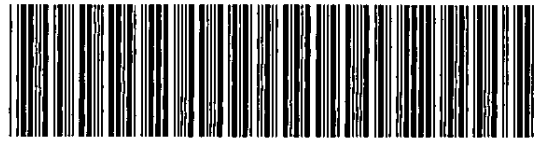
(Business Entity Name)

(Document Number)

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10/20/08--01028--009 **25.00

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TALLAHASSEE, FLORIDA

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T. CLINE

OCT 21 2008

EXAMINER

Key Concepts Realty, Inc.

October 17, 2008

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Sepira, LLC (Document L08000097217)
Correction of initial on-line application-Page 2 "Required Signature"
Addition of the single member: Entrust Gulf Coast LLC FBO Brenda
Beumer account IRA#21868

To whom it may concern:

Enclosed is a check in the amount of \$25.00 along with the following documents
obtained on-line:

1. Cover Letter from Sepira, LLC to the Department
2. Articles of Amendment to Articles of Organization of Sepira, LLC. (the
single member is added: Entrust Gulf Coast LLC FBO Brenda Beumer
account IRA #218680. This document is signed by Sara Ruder, IRA
Administrator.
3. Article IV of the original filing on-line, signed by Sara Ruder, IRA
Administrator, rather than by Brenda Beumer, manager.

Please add the single member and make the signature correction in the initial on-line
filing. I thought the manager could sign under Article IV but since learned otherwise.

Thank you.

Yours very truly,



Brenda Beumer, Manager

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sepira, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRENDA BEUMER
(Name of Person)

(Firm/Company)

13880 PERDIDO KEY DR.
(Address)

PENSACOLA FL 32507
(City/State and Zip Code)

For further information concerning this matter, please call:

BRENDA BEUMER at (850) 572-8441
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SEPIRA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/14/08 and assigned Florida document number L08000097217

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

(Enter Florida street address)

_____, Florida

(City)

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TALLAHASSEE, FLORIDA

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	ENTRUST GULFCOAST LLC	9116 SW 51 ST RD, #102	<input checked="" type="checkbox"/> Add
	FBO BRENDA BEUMER	GAINESVILLE, FL	<input type="checkbox"/> Remove
	ACCOUNT IRA 21868	32608	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____

Sara Ruder IRA Administrator
 Signature of a member or authorized representative of a member

Sara Ruder IRA Administrator
 Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Manager

Brenda Beumer

13880 Perdido Key Drive

Pensacola, FL 32507

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



IRA Administrator

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sara Ruder, IRA Administrator

Typed or printed name of signee

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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)